

FD-204a-20 Rev. 5-98		FINANCIAL AFFIDAVIT	
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN THE CASE OF		FOR	
IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input checked="" type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)		AT	
UNITED STATES V.S. <u>Cruz</u>			
PERSON REPRESENTED (Show your full name) <u>Jose Luis Cruz</u>		1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant—Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	
CHARGE/OFFENSE (describe if applicable & check box <input checked="" type="checkbox"/>)		LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
		DOCKET NUMBERS Magistrate District Court <u>CRO4-10149 RWZ</u> Court of Appeals	
		X Felony <input type="checkbox"/> Misdemeanor	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: <u>last work 6 months ago, making about \$250 wk</u> IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____													
		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____													
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">RECEIVED</th> <th style="width: 40%; text-align: center;">SOURCES</th> </tr> </thead> <tbody> <tr><td> </td><td style="text-align: center;">\$ _____</td><td> </td></tr> <tr><td> </td><td style="text-align: center;">\$ _____</td><td> </td></tr> <tr><td> </td><td style="text-align: center;">\$ _____</td><td> </td></tr> </tbody> </table>			RECEIVED	SOURCES		\$ _____			\$ _____			\$ _____	
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	\$ _____														
	\$ _____														
	\$ _____														
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____														
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">VALUE</th> <th style="width: 40%; text-align: center;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td style="text-align: center;">\$ _____</td><td> </td></tr> <tr><td> </td><td style="text-align: center;">\$ _____</td><td> </td></tr> <tr><td> </td><td style="text-align: center;">\$ _____</td><td> </td></tr> </tbody> </table>			VALUE	DESCRIPTION		\$ _____			\$ _____			\$ _____		
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OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____															
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CREDIT ACCOUNTS, ETC.)	APARTMENT OR HOME: _____ _____ _____	Creditors _____ _____ _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">Total Debt</th> <th style="width: 40%; text-align: center;">Monthly Paymt.</th> </tr> </thead> <tbody> <tr><td> </td><td style="text-align: center;">\$ _____</td><td style="text-align: center;">\$ _____</td></tr> <tr><td> </td><td style="text-align: center;">\$ _____</td><td style="text-align: center;">\$ _____</td></tr> <tr><td> </td><td style="text-align: center;">\$ _____</td><td style="text-align: center;">\$ _____</td></tr> <tr><td> </td><td style="text-align: center;">\$ _____</td><td style="text-align: center;">\$ _____</td></tr> </tbody> </table>		Total Debt	Monthly Paymt.		\$ _____	\$ _____		\$ _____	\$ _____		\$ _____	\$ _____		\$ _____	\$ _____
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	\$ _____	\$ _____																	
	\$ _____	\$ _____																	

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

FILED
 In Open Court
 USDC, Mass.
 Date 5-18-04
 By B.C.
 Deputy Clerk

SIGNATURE OF DEFENDANT
 PERSON REPRESENTED
[Signature]

5-18-04
B.C.